Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 AM – October 13, 2011

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, October 13, 2011 at Barry Hall's conference room 126, 14 Harrington Road, Cranston RI 02920.

Members Present: Rich Leclerc, Chair, Richard Antonelli, Cathy Ciano, Mark Fields, Joseph Le, Bruce Long, Anne Mulready, Fred Trapassi, Neil Corkery and Elizabeth Earls

Ex-Officio Members Present: Kim Sande, Department of Children, Youth and Families (DCYF); Michelle Branch, Louis Cerbo, Department of Corrections (DOC), Craig Stenning, Director and Charles Williams, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Kathleen Grygiel and Mike Montenaro, Office of Rehabilitation Services (ORS)

Guests: Lee Baker, Michelle Brophy, Stephen Buka, Paula Fontaine, Linda Mambro, Susan Morris, Gina Rivera, Vivian Weisman, Alice Woods

Staff: Brenda Amodei, James Dealy and Lisa Stevens

Once a quorum was established and introductions were made, the Chair, Richard Leclerc, called the meeting to order at 8:30 a.m. Richard entertained a motion to accept the minutes of September 13, 2011. Liz Earls motioned to accept the minutes with the correction of the spelling of her name in the second paragraph, Mark Fields seconded. Richard called for a vote to approve the minutes. All were in favor, Anne Mulready abstained and the minutes were approved as amended.

SEOW*:* Dr. Stephen Buka presented: The Department administers this three year State Epidemiologic Outcomes Workgroup award, which focuses on community profile data rather than on services. There has been good interagency collaboration in putting together data on substance abuse and mental health issues. SAMHSA required a summary profile for one community together with a comparison community profile. Providence and Barrington were selected. Rhode Island's goal is to go beyond what the grant requires of us and put out profiles of all the 39 municipalities within RI. Data sources for the report came from the Census and state agencies. The primary focus has been on youth substance use. A 50 page report has been written with detailed information on the comparison of the two communities selected. The report can be viewed on the website www.bhddh.ri.gov . The timeframe for completing profiles on all 39 municipalities is the end of this year. Over the past several years, substance use in youth in RI has gone from a very high level relative to other states down to approximately the national average.

ATR: Brenda Amodei presented a quick overview of ATR III. ATR III is a four year grant of $3.2 million for each of the 4 years. ATR funding follows the client instead of the provider. There are several target populations. The first is people released from prison who are referred by their discharge planners. People on probation are eligible, also, but there is a cap on the number and they are prioritized for services by their Probation Officers. DCYF clients working with Project Connect (recently trained) are also eligible for these services. Other eligible populations are clients who have completed a residential program, RI National Guard personnel and their adult family members (These are the only clients who can self-refer) and clients involved with the Attorney General's diversionary program. ATR eventually hopes to expand to serve women statewide through referral sources as yet to be determined. During Year I, ATR served approximately 110% of the projected number of clients.

This is a voluntary program. Clients must be willing to receive services. Brenda went through the referral and assessment process, the VMS voucher/service plan, care coordination and follow up

GPRA. Recovery housing and transportation have been the most popular services. The clients always have the option to change services through the care coordinator.

Mike Montenaro from ORS mentioned the collaboration between ATR and his agency, which works with individuals with disabilities to obtain and maintain employment. ORS eligible disability may be substance abuse. ORS does have services that the ATR grant would cover. A referral form for employment and vocational services has been devised for this purpose. After ATR services are completed ORS continues to work with the clients to help them with their employment needs until they are stabilized in a job.

Updates from DCYF: Lee Baker presented on the Reunification Support Program. It was again clarified that the RSP is not a pilot program but it is a new program developed in collaboration between DCYF and DHS. This program is part of the Global Waiver and incorporates a new category of eligibility under Medicaid. Under it, the population of parents who have had their children removed due to substance abuse and mental health issues can continue their Rite Care coverage while they are in treatment. This allows for funding for methadone and other treatments without any gap in service.

The systems are automated between the two departments, so families can continue to receive their benefits, including temporary assistance, while the child is out of their care. The goal is to support sustained reunification as quickly as possible. June 6th was the start date of the program. DCYF has the responsibility to insure that the services are available and the parents are engaged.

Updates from BHDDH: Craig Stenning presented: On 10/1, two major programs, Health Homes and one in the DD area, were implemented. CMS has submitted a final set of questions to BHDDH, including those regarding financing, which means that negotiations between CMS and BHDDH are almost complete.

This month, some training was done around the issue of peer specialists. Craig had a discussion with people doing recovery coaching and will try to merge the two specialties. This will allow the state to move forward with an integrated group of peer specialists/recovery coaches.

BHDDH has been contacted by a behavioral health consulting company. RI is leading the country in its continuum of care in recovery from substance abuse, and the consulting company is looking for information to assist other areas in the country.

Craig gave an update on the Psychiatric Inpatient and Substance Abuse Detox RFP. The proposals that were submitted have been scored. The Department will need to have some questions answered, but should sign off shortly.

The state has begun to look at the 2013 budget in terms of a performance measure approach. One area that will be looked at is residential treatment.

A question was asked about the DD cuts in the budget. Craig described the Project Sustainability initiative and the processes used to design it. This initiative has over 16 different service descriptions with separate rates attached, so it can be incentivized in a way that prevents clients from being locked into center based programs. The implementation of Project Sustainability in the 2012 budget should save approximately $2.5 million. Craig made it clear that the transportation rate has not been cut.

Old/New Business: Jim Dealy handed out flyers for Reaching Home Rhode Island 2011 for Nov 7 at the Crown Plaza information can be obtained at www.reachinghomeri.org . Richard Antonelli requested that the Council discuss SAMHSA's findings that RI has the highest rate of mental illness in the nation. He handed out the findings and Rich agreed that it should be on the agenda for the next meeting.

Upon motion being made and seconded, the meeting adjourned at 10:15 a.m.

The next meeting of the Council is scheduled for **1:00 p.m**. **Tuesday, November 8, 2011 at Barry Hall in room 126, 14 Harrington Road, Cranston RI 02920.**

Minutes respectfully recorded and written by:

Lisa Stevens
Secretary, Governor's Council on Behavioral Health

/attachments